

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5	4		4			
6	4		4			
7	4		4			
8	4		4			
9	4		4			
10	4		4			
11	1		1			
12	1		1			
13	1		1			
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15	1		1			
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TOTAL IND.			4			
TOTAL DEP.		33				
TOTAL CLAIMS		37				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.				4		
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY